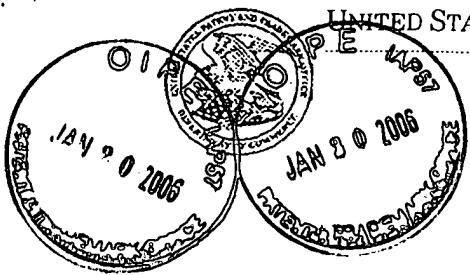


UNITED STATES PATENT AND TRADEMARK OFFICE



COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450
www.uspto.gov

NOTICE REQUIRING EXCESS CLAIMS FEES

The excess claim(s) filed on 3/13/24 7/13/5 is not accompanied by the appropriate payment of excess claims fees set forth in 37 CFR 1.16(h)-(j) or 1.492(d)-(f). Excess claims fees are required for each claim in independent form in excess of three (§ 1.16(h)), each claim (whether dependent or independent) in excess of twenty (note that § 1.75(c) indicates how multiple dependent claims are considered for fee calculation purposes) (§ 1.16(i)), and each application that contains a multiple dependent claim (§ 1.16(j)).

Since the application is not under a final rejection, applicant is given a time period of **ONE (1) MONTH or THIRTY (30) DAYS** from the mailing date of this notice, whichever is longer, to submit either: (1) the fee payment of \$ _____, or (2) an amendment in compliance with 37 CFR 1.121 that cancels the excess claim(s), in order to avoid ABANDONMENT. Extensions of this time period may be granted under 37 CFR 1.136, unless the excess claim(s) was presented in a preliminary amendment.

- 1. The funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.
- 2. The Credit Card payment to cover the entire fee due to Account _____ (Card type + last 4 digits ONLY) was refused. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.
- 3. The amendment that includes the excess claim(s) has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account or Credit Card) the fee as indicated on the attached Patent Application Fee Determination Record (PTO/SB/06). Remittance or authorization is due within the time period set forth in this notice.
- 4. The fee submitted in this application is insufficient. A balance of \$ _____ is due for presentation of excess claims (37 CFR 1.16(h)-(j) or 1.492(d)-(f)).
- 5. Other.

Explanation (Provide specific details of the required correction in order to assist the applicant. Indicate whether a service charge has been added to the fee due):

See fee sheet

THE AMOUNT OF THE FEE(S) DUE IS SUBJECT TO CHANGE, GENERALLY ON OCTOBER 1 OF EACH YEAR (37 CFR 1.16, 1.21 & 1.492). THE AMOUNT OF THE FEE(S) DUE IS DETERMINED AS OF THE DATE A COMPLETE REPLY WITH THE APPROPRIATE FEE(S) IS RECEIVED BY THE OFFICE (37 CFR 1.8 & 1.10). BECAUSE THE AMOUNT DUE IS SUBJECT TO CHANGE, IT IS RECOMMENDED THAT APPLICANT CHECK THE CURRENT FEE SCHEDULE WHICH IS AVAILABLE ON THE USPTO'S WEBSITE AT: <http://www.uspto.gov/web/offices/ac/qs/ope/fees.htm>

Service Charges: There is a \$50 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)). There is a \$25.00 service charge for each month when the balance of a deposit account is below \$1000 at the end of the month (37 CFR 1.21(b)(2)).

Regina Baltimore (571) 272-4625
Technical Support Staff (TSS)

Note to TSS: Please do NOT use this notice if the application is under a final rejection.

9/677583

Application or Docket Number

677583

PATENT APPLICATION FEE DETERMINATION RECORD

JAN 8 0 2006

Effective December 29, 1999

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	39	minus 20 = 19
INDEPENDENT CLAIMS	5	minus 3 = 2
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

3/13/2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	38	Minus	39	=
Independent	7	Minus	5	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

7/13/5

(Column 1)

(Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	39	Minus	39	=
Independent	16	Minus	7	= 9
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY
TYPE OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
	345.00		690.00
X\$ 9=	171.00		
X39=	70.00		
+130=			
	594.00		
TOTAL		TOTAL	

SMALL ENTITY
OTHER THAN
OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X39=	84	X78=	
+130=		+260=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X39=	90.00	X78=	
+130=		+260=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.